

Registration Form:

2013 Family Health & Fitness Day 10k

Including Youth 0.5 Mile Run (12 and under), 2-Mile Run/Walk & Family Mile Walk

First Name:

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Age:

Last Name:

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Sex:

M or F

Address:

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City:

Zip:

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Email:

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Phone:

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SRPMIC Community Member: Yes ☐ No ☐ Resident of SRPMIC: Yes ☐ No ☐

Spouse of SRPMIC Community Member: Yes ☐ No ☐

SRPMIC Tribal Employee: Yes ☐ No ☐ Department: \_\_\_\_\_

SRPMIC Enterprise Employee: Yes ☐ No ☐ Department: \_\_\_\_\_

Other: \_\_\_\_\_

What distance are you participating in: *Circle one*

**Youth 0.5 Mile**  
(12 and under)

**10k Run** (6.2miles)  
*\*participant must be 13 and older*

**2 Mile Run/Walk**

**Family Mile Walk**

In consideration of my participation in the Health Services' Disease Prevention Program's **2013 Family Health & Fitness Day Event on Saturday, September 21, 2013**, I hereby for myself, my heirs, my executors and administrators waive any and all rights and claims for damages I may have against Salt River Health Services Department, Disease Prevention Program, Salt River Pima-Maricopa Indian Community, the groups, the sponsors, and any individual associated with the event for any claim damages or injuries sustained by me during the fitness event/program.

x \_\_\_\_\_  
*Participant's Signature*

\_\_\_\_\_  
*Date*

x \_\_\_\_\_  
*Parent or Guardian if under 18 year of age*

\_\_\_\_\_  
*Date*